



HOIST MANUFACTURERS INSTITUTE

APPLICATION FOR MEMBERSHIP

Application is hereby made for membership. Our Company is currently a member in good standing of MHI. If approved for membership, applicant agrees to abide by the By-Laws/Rules and Regulations as may be amended, and make timely payments of dues and assessments. Please type or print clearly when completing the application below.

Name of Corporation _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Internet Address (www.) _____

The principal types of equipment we manufacture are as follows (use additional pages as required):

List address of main manufacturing facility, if different from above address:

Persons who will represent the applicant if approved are:

Membership Delegate:

Name _____ Title _____

Phone _____ Fax _____ E-Mail _____

Membership Alternate:

Name _____ Title _____

Phone _____ Fax _____ E-Mail _____

Statistical Delegate:

Name _____ Title _____

Phone _____ Fax _____ E-Mail _____

Name of person authorizing application who verifies that the facts set forth are true and correct:

Title _____ Signature _____ Date _____